ž N	See Instructions, <b>Yes</b>	dards of Official Conduct and certain other "excepted trusts" ing you, your spouse, or a dependent child? (See Instructions,	nittee on Stand a trust benefitin	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instruction page 8.)
S	ANSWER EACH OF THESE QUESTIONS		T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	ule attached for each "Yes" response.	ppropriate schedule attached for e	d and the ap	Each question in this part must be answered and the appropriate sched
No No	\$5,000 from Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	8	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
No No	angement Yes	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	8	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  Yes  If yes, complete and attach Schedule II.
No No	r two years? Yes	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	No Control	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes Lif yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
	citati oo daya tate.			employee Employing Onice:
assessed les more	A \$200 penalty shall be assessed against anybody who files more than 30 days late	n: Nod 2010 Check if Amendment	Date of Election:	or the Representatives For
3: 17	2009 NOV -3 PM 3: 17  OFFICE OF THE CLERK (Office Use Only)	Daytime Telephone: _乏ソ5.タ66. さぬも	Daytime	Name: FUNK, DAVID EDWARD
	OCT 2 6 2000	<b>FORM B</b> For use by candidates and new employees	7009 F	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2007 - 0070300, 29, 29

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes

N<sub>o</sub>

## SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

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Page of	•

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

				WINES FROMMENT F.C. C. ST. Marc. NIO	Michael	MORSANT MILL ROCKET DOAF	256 Monos ANON Commencer Con.	Money Mosper Carra	WONDERS COMMUSATION PHYMOUTS	NOWTHWEST ARUNOS ROTINGMANT	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Examples: First Bank & Trust, Houston, Texas	XYZ Corporation, Houston, Texas	Visit and State of Laboratory (1971)	Source (include date of receipt for honoraria)
						HONAMAINA	Showers Show	Shoues Speny	MONA	DEMONT RETAILER	Spouse Salary	Honorarium	Director's Fee	Salary	: <b>)</b> C C	Type
~							WA	NA	5/860	21376	NA	0	\$400	\$6,300	Current Year to Filing	Amo
						\	NA	NA	63750	7950	NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount

Asset and/or income Source  (Service Asset and/or income)  (Service Asset a	31	29	3	40	_	<del>-</del>	ے		m			•
None	7	k .	+	8	6 1		=	DC, E	SP,	nam nam nam nam nam (its van an a	and acc	Idei Pro exc exc exc exc exc exc exc exc exc exc
None	1 Kelvis	A. TWG FWAN	O	W	ENMIN !	MALINO!	1st Bank of Paducah, KY accounts	Ī	SP Mega Corp. Stock	me the institution holding the account and value at the end of the reporting period. For active business that is not publicly traded, te the name of the business, the nature of activities, and its geographic location in ck A. For additional information, see the ruction booklet.  **Tude: Your personal residence(s) (unless in sental income); any debt owed to you your spouse, or by you or your spouse's d, parent, or sibling; any deposits totalling your spouses, in personal savings accounts; financial interest in or income derived from . Government retirement programs.  **Du so choose, you may indicate that an et or income source is that of your spouse or dependent child (DC) or is jointly held, in the optional column on the far left.	ncome information on each asset in the count that exceeds the reporting threshold. retirement plans that are not self-directed,	Asset and/or Income Source  Asset and/or Income Source  ntify (a) each asset held for investment or duction of income with a fair market value seeding \$1,000 at the end of the reporting iod, and (b) any other asset or sources of ome which generated more than \$200 in earned" income during the year. For rental perty or land, provide a complete address, wide full names of stocks and mutual funds not use ticker symbols). For all IRAs and er retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you the the power, even if not exercised, to select specific investments), provide the value of information on each asset in the
S\$5,000,000   \$2							T			None		
SS,000,001 - \$25,000,000   S   Type of Income   So,000,000   S   S   S   S   S   S   S   S   S		I THE					L				w	ndic realus narh neth narh nonly
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S25,000,001 - \$50,000,000   X				1. A.2%.			t	-				at cluse ecifus at of the bod by
Over \$50,000,000  Type of Income  Check all columns that apply, For retirement plans or accounts that do not allow you to choose specific investments, you may write the type of income assets including all low you for choose specific investments, you may write the type of income (Specify: For Example, Partnership Income or Farm Income)  None  S1 - \$200  S201 - \$1,000  S100,001 - \$15,000  Over \$5,000,000  X X \$2,501 - \$5,000  Over \$5,000,000  X X \$2,501 - \$5,000  Over \$5,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$5,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$5,000,000  X X \$2,501 - \$5,000  Over \$5,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$5,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$5,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$1,000,000  X X \$2,501 - \$1,000  S1,000,001 - \$1,000,000  X X \$2,501 - \$1,000,000  X \$2,501 - \$1,000,000  X \$2,501 - \$1,000,000  X \$2,501 - \$1,000,000  X \$2,							t	<u>.                                    </u>				lose lose a hard far
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None   -	<u>886.00</u> .3		31.3				_	-		EXCEPTED/BLIND TRUST		of III
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SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Name   State	Sisteman	Solution   Solution	Continuation Sheet (if needed)	BLOCK A  Asset and/or Income Source	, P	DC JT,														
-\$1,000	-\$1,000	Section   Sect		∧ me Source	<b>&gt;</b>	ie.	Non	Non	Non	Non	Non	Non	Non	Non	Non	Non	Non	Non	No.	Non-
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## SCHEDULE III — LIABILITIES

Name FOREK ORIN 5

Page \_\_

amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000 household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest

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Usa 4 Mason Chas	1131 & Misson Char	AMAILAN ALA SAPA, DUMA & BURNING HUN COURS 35TH S. NOW	ST. AMIMAD	Example: First Bank of Wilmington, Delaware	Creditor		
	Chost Cores	Marines en core House Mis	LELVE UT STENNING	Mortgage on 123 Main Street, Dover, Del.	Type of Liability		
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		THE TENT			Over \$50,000,000	<b>×</b>	

## SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

_	and positions solely of an Horlorary Hature.	idule.
	Position	Name of Organization
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Name FORE SAUM SULAND Page of

efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment
	r continuing participation in an employee welfare or ben-	ment; a leave of absence during the period of government

	Date
	Parties To
	Terms of Agreement

## SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

			Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)
			Accounting services	Brief Description of Duties